VALLHAVEN CARE CENTER

125 BYRD AVE

NEENAH 54956 Phone: (920) 725-2714		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	132	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	135	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	122	Average Daily Census:	132

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (	12/31/04)	Length of Stay (12/31/04)	%	
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year   1 - 4 Years	56.6 32.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.6	More Than 4 Years	11.5
Day Services	No	Mental Illness (Org./Psy)	22.1	65 - 74	15.6		
Respite Care	Yes	Mental Illness (Other)	0.8	75 - 84	32.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.9	********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	8.2	Full-Time Equivaler	ıt
Congregate Meals No		Cancer	2.5			Nursing Staff per 100 Re	
Home Delivered Meals	ome Delivered Meals No		3.3	100.0		0 (12/31/04)	
Other Meals	No	Cardiovascular	14.8	65 & Over	93.4		
Transportation	No	Cerebrovascular	5.7			RNs	11.3
Referral Service	No	Diabetes	11.5	Gender	용	LPNs	10.6
Other Services	Yes	Respiratory	8.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	29.5	Male	32.8	Aides, & Orderlies	40.2
Mentally Ill	No			Female	67.2		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

	Medicare Medicaid (Title 18)			Private Other Pay			2	Family Care				Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	8	9.6	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	6.6
Skilled Care	19	100.0	304	71	85.5	119	1	100.0	119	18	100.0	162	0	0.0	0	1	100.0	250	110	90.2
Intermediate				4	4.8	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		83	100.0		1	100.0		18	100.0		0	0.0		1	100.0		122	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	3.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.5	Bathing	2.5		84.4	13.1	122
Other Nursing Homes	1.5	Dressing	4.1		95.9	0.0	122
Acute Care Hospitals	92.7	Transferring	17.2		73.0	9.8	122
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.6		70.5	13.9	122
Rehabilitation Hospitals	0.0	Eating	49.2		45.1	5.7	122
Other Locations	1.2	*******	******	*****	******	******	*****
Total Number of Admissions	260	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	9.8	Receiving Resp	iratory Care	7.4
Private Home/No Home Health	27.0	Occ/Freq. Incontiner	nt of Bladder	50.8	Receiving Trac	heostomy Care	0.8
Private Home/With Home Health	7.9	Occ/Freq. Incontiner	nt of Bowel	32.8	Receiving Suct	ioning	0.8
Other Nursing Homes	3.2	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	32.9	Mobility			Receiving Tube	Feeding	1.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.9	Receiving Mech	anically Altered Diets	23.0
Rehabilitation Hospitals	0.0	İ				_	
Other Locations	8.3	Skin Care			Other Resident C	haracteristics	
Deaths	20.6	With Pressure Sores		9.8	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		4.1	Medications		
(Including Deaths)	252	j			Receiving Psyc	hoactive Drugs	54.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	97.8	88.5	1.10	90.2	1.08	90.5	1.08	88.8	1.10		
Current Residents from In-County	91.8	80.0	1.15	82.9	1.11	82.4	1.11	77.4	1.19		
Admissions from In-County, Still Residing	25.4	17.8	1.42	19.7	1.29	20.0	1.27	19.4	1.31		
Admissions/Average Daily Census	197.0	184.7	1.07	169.5	1.16	156.2	1.26	146.5	1.34		
Discharges/Average Daily Census	190.9	188.6	1.01	170.5	1.12	158.4	1.21	148.0	1.29		
Discharges To Private Residence/Average Daily Census	66.7	86.2	0.77	77.4	0.86	72.4	0.92	66.9	1.00		
Residents Receiving Skilled Care	96.7	95.3	1.02	95.4	1.01	94.7	1.02	89.9	1.08		
Residents Aged 65 and Older	93.4	92.4	1.01	91.4	1.02	91.8	1.02	87.9	1.06		
Title 19 (Medicaid) Funded Residents	68.0	62.9	1.08	62.5	1.09	62.7	1.09	66.1	1.03		
Private Pay Funded Residents	14.8	20.3	0.73	21.7	0.68	23.3	0.63	20.6	0.72		
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00		
Mentally Ill Residents	23.0	31.7	0.72	36.8	0.62	37.3	0.62	33.6	0.68		
General Medical Service Residents	29.5	21.2	1.39	19.6	1.51	20.4	1.44	21.1	1.40		
Impaired ADL (Mean)	45.7	48.6	0.94	48.8	0.94	48.8	0.94	49.4	0.93		
Psychological Problems	54.9	56.4	0.97	57.5	0.96	59.4	0.92	57.7	0.95		
Nursing Care Required (Mean)	5.9	6.7	0.89	6.7	0.89	6.9	0.86	7.4	0.80		